



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



THOMAS D. WATKINS, JR.
SUPERINTENDENT OF
PUBLIC INSTRUCTION

May 19, 2003

MEMORANDUM

TO: Michigan School Readiness Program **Competitive** Grant Contacts

FROM: Judy Levine, Consultant
Office of School Excellence/Early Childhood and Parenting Programs

RE: 2002-2003 Year-End Reports

The following forms are necessary for end-of-year reporting for your 2002-2003 Michigan School Readiness Program. These reports are:

- Narrative Summary Report, **due August 1, 2003**.
If the MSRP children's program extends beyond June 15, the Narrative Summary is due 45 days after the last date of the children's program. **Please notify our office if your program extends beyond June 15.**
- DS-4044, on-line final expenditure report, **due November 28, 2003**.
A program audit of the project is to be conducted prior to the submitting of the DS-4044.
- Budget Detail Only of Actual Final Expenditures, **due November 28, 2003**.
The Budget Detail must match the DS-4044. You must create your own format and submit to Michigan Department of Education at the same address as on the Narrative Summary Report. Please note a Budget Summary is not required.

If you have questions about the Michigan School Readiness Program, please call me at (517) 373-8483.

STATE BOARD OF EDUCATION

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www.michigan.gov • (517) 373-3324

Authority: Section 703 of PA 522 of 2002,
Department of Education Appropriations Act
COMPLETION: Required for participating
programs.

Direct questions regarding this form to
Judy Levine, Early Childhood and Parenting
Programs, at (517) 373-8483

**MICHIGAN DEPARTMENT OF EDUCATION
OFFICE OF SCHOOL EXCELLENCE
EARLY CHILDHOOD & PARENTING PROGRAMS**

P. O. Box 30008
Lansing, MI 48909

**Michigan School Readiness Program Narrative Summary (2002-2003)
Competitive Programs**

This document is designed to serve as the year-end report on the state-funded school readiness programs for four-year-old children "at risk" of becoming educationally disadvantaged. It includes information on the components required by the Michigan legislature and criteria established by the State Board of Education.

Submit **an original and 1 copy** of this report by **August 1, 2003** or 45 days after the last day of attendance by children, whichever date is the latest, to:

Regular Mail

Michigan Department of Education
Office of School Excellence
Early Childhood & Parenting Programs
P. O. Box 30008
Lansing, MI 48909

Overnight/Federal Express

Michigan Department of Education
Office of School Excellence
Early Childhood & Parenting Programs
608 W. Allegan Street, 4th Floor, Pillar H17
Lansing, MI 48933
Telephone: (517) 373-8483

For those programs whose "45 days" will mean the report is submitted after August 1, please call (517) 373-8483 with an anticipated submission date.

Agency:		Subcontract Agency (if any):	
Recipient Code:		Address:	
Address:			
Contact Person:		Contact Person:	
Phone: ()	Fax: ()	Phone: ()	Fax: ()
E-mail Address:		E-mail Address:	

Signature of Person Completing Report _____ Date _____

Title of Person Completing Report _____


Number of Funded Spaces for Michigan School Readiness Program Children			
Center-Based	Home-Based	Migrant	Total

Center-Based Programs Only Length of Services to Children and Families				
Actual Starting Date (mm/dd/yy) of Children's Program	Actual Ending Date (mm/dd/yy) of Children's Program	Total Number of Weeks of Children's Program	Number of Home Visits	Number of Parent/Teacher Conferences


Home-Based Programs Only	
Number of Home Visits Per Family	Number of Cluster Meetings Provided

I. STUDENT INFORMATION

A. Number of eligible children served:

- _____  1. Total number of different children actually enrolled and served during the program year (include dropped and withdrawn children).
- _____ 2. Largest number of funded children's spaces filled at any time during the program year. (This number cannot be greater than the number of children funded as indicated above. Choose the date on which the largest number of children were enrolled, not present. If you operate multiple sites with separate waiting lists, you may choose different dates for each site.) **This information will be used to deobligate your grant if all funded spaces were not filled.**

B. Description of all children who participated in the Michigan School Readiness Program (based on the number of children reported in A1 above):

American Indian or Alaskan Native		Arabic		Asian or Pacific Islander		Black, Not of Hispanic Origin		Hispanic		White, Not of Hispanic Origin		Multiracial		Grand Total # of Children	
															
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Total Each Male Female	

Numbers with this symbol  must match.
THE GRAND TOTAL MUST EQUAL THE SUM OF THE CATEGORIES.

_____ C. Did the agency have a waiting list of eligible children? (yes or no)

_____ If yes, how many eligible children were on the waiting list and unserved at the end of the year?

II. TRANSITIONING ELIGIBLE CHILDREN

- A. While it is expected that all participants in the Michigan School Readiness Program for four year olds will be transitioned into kindergarten, there is still a need for data regarding the specific placement of participants. Of the total number of eligible children on whom you reported in Part A1, how many (indicate a number) are recommended to attend the following?

Number

_____ a regular kindergarten class

_____ a developmental/young 5's kindergarten

_____ another year of preschool

_____ a special education program for preprimary children, etc.

_____ another year at home

_____ don't know or left program before the end of the year

_____ other, please explain _____



_____ Total (must match total number in Part IA1 and IB on page 2)

- B. What activities were organized by the program to assist each child and family in making a successful transition from this year's Michigan School Readiness Program to their placement next fall?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Parent meeting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Kindergarten open house for parents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Kindergarten open house for children | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Staff meeting or training for preschool and kindergarten teachers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Planned curriculum activities about kindergarten | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Resource materials/activities for parents to use with their children over the summer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Planned August or September home visit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Other _____ | | |

III. PROGRAM PERSONNEL

Number of teachers, associate teachers, and aides participating in the Michigan School Readiness Program by race and gender.

	American Indian or Alaskan Native		Arabic		Asian or Pacific Islander		Black, Not of Hispanic Origin		Hispanic		White, Not of Hispanic Origin		Multiracial		☛Grand Total # of Staff	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Teachers																
Associate Teachers and Aides																

☛THE GRAND TOTAL MUST EQUAL THE SUM OF THE CATEGORIES.

IV. PROGRAM AND PARTICIPANT EVALUATION

Briefly complete the following chart to provide an evaluation of the implementation of the program plan.
Report on the completion, revision, or noncompletion of objectives and activities you previously submitted on the original application. Use attachments as necessary.

Goals	
Objectives	
Activities/Tasks	
Measurement Strategy used to determine outcome	
Outcomes	

V. PROGRAM ASSESSMENT

What program assessment instruments other than the required *Program Quality Assessment* have you used? (please check all those that apply)

- ☐ ECERS (*Early Childhood Environment Rating Scale*)
☐ NAEYC Accreditation Self-Study
 Is the program currently accredited? ☐ yes ☐ no
☐ Others: (please list) _____

VI. CHILD OUTCOMES

Ongoing observational assessment used:

- ☐ Michigan Literacy Progress Profile (MLPP)
☐ Child Observation Record (COR)
☐ Creative Curriculum
☐ Other (explain): _____

VII. PROFESSIONAL DEVELOPMENT

Please indicate how many, if any, of your staff attended the following:

	Number of Teachers	Number of Associate Teachers	Number of Administrators	Number of Other Personnel	Total Number of Staff
Michigan Department of Education, Early Childhood & Parenting Programs MSRP Fall Kick-Off (September/October 2002)					
MiAEYC Early Childhood Seminars (various communities, Fall 2002)					
Michigan Collaborative Early Childhood Conference (Dearborn, January 2003)					
MiAEYC Annual Conference (Grand Rapids, March 2003)					
Michigan Department of Education, Early Childhood & Parenting Programs Technical Assistance Workshop (March 2003)					
Regional or Other Forms of Training Conferences. Please identify. Use additional pages as needed.					

VIII. CURRICULUM

Check the curriculum model used:

- ☐ Creative Curriculum
 - ☐ Reggio
 - ☐ High/Scope (not COR)
 - ☐ Montessori
 - ☐ Project Approach
 - ☐ Erin
 - ☐ Other (please describe):
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